

Part II

Section I

Accreditation and Certification

**PROVIDER MANUAL
FOR
COMMUNITY MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND
ADDICTIVE DISEASES
PROVIDERS
FOR
THE DIVISION OF MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND
ADDICTIVE DISEASES**



JULY 2006

SUBJECT: Provider Requirements for Accreditation and Certification

REFERENCE: Official Code of Georgia Annotated 37-2, 37-3, 37-4 and 37-7

I. POLICY STATEMENT

It is the policy of the Division of Mental Health, Developmental Disabilities and Addictive Diseases that providers contracting with the DHR through the division and its regional offices, or receiving funding through authorization from the division, in an amount **less than \$250,000** per year, must be certified by the Division of Mental Health Developmental Disabilities and Addictive Diseases. Providers receiving **\$250,000 or more** per year must be accredited by an approved accrediting body.

II. APPLICABILITY

This policy is applicable to the State and Regional Offices of the Division of MHDDAD.

III. DEFINITIONS

- A. Accreditation** - A review process conducted by a nationally recognized and approved accrediting body of a person or agency that is a direct service provider for people with mental illness, developmental disabilities or addictive diseases, focusing on prescribed standards as they relate to services and supports for those individuals.
- B. Waiver of Accreditation** - A letter stating that a person or agency may have an extension of a period of time during which to complete their accreditation process.
- C. Certification** - A review process conducted by the Certification Unit of the Division of Mental Health, Developmental Disabilities and Addictive Diseases of a person or agency that is a direct service provider for people with mental illness, developmental disabilities or addictive diseases, focusing on standards found in the "Core Requirements for All Providers."
- D. Waiver of Certification** - A letter stating that a person or agency may have an extension of a period of time during which to complete their certification process.
- E. Core Requirements for All Providers** - Core standards or requirements of the Division of MHDDAD that are applicable to all individual and organizational providers who receive funds authorized by the division through contract, sub-contract or letter of agreement, regardless of the accreditation or certification status of the provider.
- F. Approved Accrediting Bodies** - National accrediting organizations approved and recognized by the Division of Mental Health, Developmental Disabilities and Addictive Diseases are the following:
 - 1. CARF – the Rehabilitation Accreditation Commission
 - 2. JCAHO – The Joint Commission on Accreditation of Healthcare Organizations
 - 3. The Council – The Council on Quality and Leadership
 - 4. COA – Council on Accreditation of Services for Families and Children

G. Funding through Authorization - Cumulative monies received by providers including any combination of funds through contract(s) or letter(s) of agreement with the department through the division:

1. State Dollars
2. Medicaid Waiver Funds
3. Medicaid Reimbursed Mental Health and Substance Abuse Services

H. License or Certificate - Proof of legal authority to operate. Examples of agencies that are required to be licensed or certified to provide direct care to consumers are (but are not limited to) the following:

1. Personal Care Homes
2. Private Home Care Providers
3. Freestanding Residential Detoxification Services
4. Nursing Homes
5. Crisis Stabilization Programs
6. Community Living Arrangements

IV. PROCEDURES

The department, through the division requires that all providers meet certain criteria which ensures their administrative capacity to do business with the division and their structure to provide necessary services and supports for individuals with MHDDAD disabilities.

A. Prior to entering into a contractual relationship with a provider of consumer services, the department, through DMHDDAD Regional Offices ensures that all persons or agencies with whom there is a contract or a "Letter of Agreement" are either accredited or certified and are licensed (if licensure is applicable) or that the person or agency is in preparation for accreditation, certification or licensure. The provider must submit to the regional office:

1. Proof of accreditation or certification including a report of outstanding deficiencies, if under a corrective action plan, or
2. Proof of application for accreditation or certification.
 - a. Persons or agencies whose operating history is not yet of sufficient length to be accredited must show proof of application for accreditation before the end of the first six months of their initial contract.
 - b. Persons or agencies whose operating history is not yet of sufficient length to be certified must show proof of application for certification before the end of the first six months of their initial contract.

Providers Under Accreditation:

B. Providers under contract with the DHR through the Division of MHDDAD for whom accreditation is required, must maintain full accreditation of all their services.

1. Failure to be fully accredited or to be in good standing with the accrediting body, may result in action being taken by the division:
 - a. The Regional Coordinator for the division may request a waiver of accreditation for a provider for a period of time not to exceed six (6) months, during which time the provider is expected to seek and successfully achieve accreditation. Waivers of accreditation are requested from the Director of the Division of Mental Health, Developmental Disabilities and Addictive Diseases by the Regional Coordinator.
 - b. Proof of application for accreditation must accompany the request for waiver.
 - c. The division may elect to take actions against the provider for failure to achieve or

- maintain accreditation while it is considering a waiver of accreditation.
- d. The division may elect to terminate the contract with the provider.
- C. The division will show preference for contracts with new providers who are currently accredited. If the department, through the division, elects to contract with a new provider who is not accredited and accreditation is required, the new provider must be fully accredited within twelve (12) months of the beginning of their contract. Until such time as the provider is accredited, all provisions found in Section IV,H, of this policy shall apply.
- D. If an accredited provider should lose accreditation, fail to reapply for accreditation or come under a corrective action plan, that provider must immediately notify in writing, the division through its regional office. The following actions shall apply:
1. Loss of accreditation: Loss of accreditation may result in termination of contract or letter of agreement.
 2. Failure to reapply: Failure to reapply will result in actions being taken against the provider. The provider will be given three (3) months during which they must make application to the accrediting agency and must submit written proof of application to the division's regional office prior to the end of the 3rd month.
 3. Providers under corrective action: Provider(s) must immediately notify the division's regional office when corrective action is required and provide a copy of the accrediting agency's correspondence regarding the corrective action. The provider(s) under a corrective action plan(s) must successfully correct their deficiencies and provide a copy of the corrective action plan(s) to the division's regional office at the time the corrective action plan(s) is/are submitted to the accrediting agency. A copy of response(s) from the accrediting agency must be provided to the division's regional office immediately upon receipt of the response(s).

Providers Under Certification:

- E. Providers under contract with the department for provision of MHDDAD services, for whom certification is required, must be certified and must subsequently maintain certification of all of their services.
1. The Certification Unit of the division conducts the initial reviews for certification of the providers.
 2. The Regional Coordinator for the division is notified that the review for certification is scheduled and the results of that review. The certification process is conducted as follows:
 - a. Notice is given to the provider with a copy to the division's regional office of the date for the certification review.
 - b. Pursuant to the certification review, within thirty (30) days of the date of the report of review, the provider must state in writing their intent to make corrective action(s), if applicable.
 - c. The provider must submit initial evidence of corrective action(s) to the Evaluation and Certification Unit of the division within sixty (60) days of the date of the report of review.
 - d. After 120 days of the date of the report of review, an unannounced visit will be made by the Evaluation and Certification Unit to the provider to review corrective action(s) taken.
 3. If a provider does not meet the "Core Requirements for All Providers," at the end of the corrective action period, action may be taken by the Regional Coordinator for the Division of MHDDAD.

- a. The Regional Coordinator for the division may request a waiver of certification for a period of time not to exceed ninety (90) days during which time the provider shall have a final opportunity to correct remaining issues that are out of compliance. Waivers of certification are requested from the Director of the Division of Mental Health, Developmental Disabilities and Addictive Diseases, by the Regional Coordinator for the division. The Regional Coordinator for the division may choose to take action against the provider during this time.
 - 1) At the end of the ninety (90) days, the Certification Unit will review those issues that were out of compliance.
 - 2) Pursuant to the review by the Certification Unit after the ninety (90) day period, the agency or provider must be found fully in compliance or the division will terminate the department's contract with the provider.
 - b. The division may elect to terminate the department's contract with the provider.
4. All providers achieving certification are certified for two (2) years, after which time certification expires and a new certification is required.
- F.** Providers whose contract or LOA is terminated due to failure to be certified may not make application for certification for at least six (6) calendar months following the date of their last certification review. Such application for certification may only be made if the provider is under a new contract or LOA with the department to provide MHDDAD services.
- G.** The division will show preference for new providers who are currently certified. If the department, through the division elects to contract with a new provider who is not certified and certification is required, the new provider must be fully certified within 12 months of the beginning of their contract. Until such time as the certification process is implemented by the Certification Unit, all provisions found in Section IV,H, of this policy shall apply.

All Providers:

- H.** During the period of time before a provider becomes accredited or certified, oversight activities shall be conducted by staff from the regional office of the Division of MHDDAD in the following way:
1. A visit shall occur at 90 days from the date of the contract or letter of agreement. The visit shall include a review of:
 - a. Environmental safety
 - b. Interpersonal care
 - c. Social activities
 - d. Habilitation activities
 - e. Evidence of choice
 - f. Evidence of satisfaction
 - g. Evidence of personal safety
 2. A visit shall occur 180 days from the date of the contract or letter of agreement. The visit shall include a review of:
 - a. CQI plan and evidence of implementation
 - b. Emergency policies and corresponding practices
 - c. Serious and Unusual Incidents policy and practice
 - d. Clients rights practices

- e. Grievance processes
- f. Medications management policy and procedures
- g. Confidentiality policy and practice
- h. Personnel files, focusing on evidence of current staff training
- i. Physical health care practices
- j. Documentation of service delivery
- k. Client financial documentation, including how fees or charges are assessed

Oversight activities shall be alternately repeated every ninety (90) days until the provider is accredited or certified or the individual or agency is no longer a provider of direct consumer services.

- I.** The Regional Coordinator for the division may ask staff from the state office of the Division of Mental Health, Developmental Disabilities and Addictive Diseases to conduct a special review of any provider as circumstances warrant.

**Section/Office/Unit Responsible for Policy
Development/Review**
Consumer Protection, CQI and Monitoring Section

Approved by:
Karl Schwarzkopf, Director
October 21, 2003